

KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601 (502)564-3296 Extension 240 ~ http://finance.ky.gov/bmt/

APPLICATION FOR CERTIFICATE OF GOOD STANDING FOR A MASSAGE THERAPY TRAINING PROGRAM

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Name of	f Program Director (Last, First, Middle)			
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Telepho	ne Number for Program Director	Email address	of Program director	
Names,	addresses, and phone numbers of sec	ondary locations:		
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(c)	A listing of instructional staff and their qualification showing a minimum educational equivalent for each instructor and aid for licensure under KRS 309.350 to 309.364, or proof of qualifying for issuance of a license under KRS 309.359. Instructors in the courses shall be required to have three (3) years of experience in the practice of massage therapy.	
Signature		Date

